

the introduction of chloroform, the ether-practice was carried on without any fatal result; that several fatal cases from chloroform occurred in a much shorter space of time than that above mentioned; and that a number of practitioners will feel absolutely compelled to abandon the employment of these anæsthetic agents, if chloroform be looked to as the principal; moreover, the suggestion of a judicious friend will have its weight in forming this apology. "Nor would it," he writes, "alter my opinion of the wisdom of strongly urging the objections at this time, should longer experience show, that the disasters in the use of chloroform, during the year past, arose from peculiar coincidences, and that it is, in reality, as safe as the sulphuric ether. In so grave a matter we should be willing to be proved over-cautious rather than the contrary."

Boston, March 1849.

ART. VIII.—*Cases of Retroversion of the Uterus, with a Description of a New Instrument for its Restoration, and some observations on the displacement of the organ.* By H. BOND, M.D. (Read before the Philadelphia College of Physicians.) With two wood-cuts.

It has not been my purpose to offer a dissertation to the College this evening, but to relate two cases, and to touch very cursorily upon some interesting topics, with the view of eliciting facts and opinions from the Fellows, who are more competent than myself to give instruction.

CASE I.—Mrs. ———, aged about 31, of a feeble constitution, nervous temperament, with a very marked curvature of the dorsal spine, was confined with her second child, Sept. 29, at 8 P. M. Two hours afterwards I was sent for, and found her fainty, with a feeble pulse, produced partly by a too copious lochial discharge, although it was not more copious than is usual with many women, and partly by nervous disturbance. She was soon relieved, and got along very well, the condition of the bowels, the urination and lactation all being favourable.

Oct. 5th. When I called this morning, I learned that the patient had passed a very uncomfortable night, almost wholly deprived of sleep; that she got up and sat in a chair yesterday afternoon for the first time; that while up, in attempting to reach something at a little distance, by leaning and twisting towards one side, she felt that she had strained or injured herself, and that this was the commencement of her distress. She had great uneasiness in the uterine and inguinal regions, attended with a strong sensation of bearing down, especially when she urinated, which was done slowly, with pain and difficulty, attended sometimes with faintishness. She had no febrile symptoms, no flatulence or fulness in the region of the bladder; but the os uteri was soft and relaxed, situated high up, behind the crest of the pubis, and the fundus sunk down between the vagina and rectum so low as to rest on the perineum, and so large, apparently, as to occupy almost the whole cavity of the pelvis. I had no catheter with me; but being satisfied there was no considerable accumulation of urine, I

immediately attempted to replace the uterus by the usual manual operation, with the patient placed in the most favourable position, but without success. Although my efforts at the time gave her some pain, and I seemed to myself to have effected little or nothing as to the position of the uterus; to the patient it seemed otherwise, for she experienced a decided mitigation of the distress she had suffered since yesterday.

I visited her again in the afternoon, and found her comparatively easy. She had passed, since my morning visit, about half a pint of urine, which came more freely than it did previous to my first visit, but not without some distress and faintishness. A catheter was introduced, which passed up behind, and parallel to, the symphysis pubis, and scarcely any urine was found in the bladder. At this visit I did not renew my efforts at replacement, but directed the patient to make full trial of the effect of position, that is, a prolonged resting upon the knees and elbows, or, if she could do it, upon the upper part of the chest; and to take an opiate in the evening, if necessary. Soon after I left, she followed my directions resolutely. She placed herself upon her knees and upper part of the chest and remained in that position for an hour; was sensibly relieved thereby, and had a pretty good night's sleep without the opiate. She had some difficulty in urinating in the night.

6th, A. M. She had tried the position again this morning before my visit, and I found her so comfortable, that I did not think it necessary to use the catheter, or make an examination. She passed urine freely before my visit, and did not feel as if there were any more to come away. At my afternoon visit, as she had passed but little urine, and that with some uneasy sensations, the catheter was used, and very little water found. She had flooded considerably since my last visit. Upon examination I found that the large tumour between the vagina and rectum was entirely gone; there was entire relief from all the distressing symptoms with which she had been attacked forty hours previously. It is probable that the uterus returned to its normal position this morning while she was in the prescribed posture, and that this replacement allowed the uterus to be evacuated more completely, causing the increased discharge before mentioned. As the patient has some flatulence to-day, I directed an enema containing *ol. ricini* and *ol. terebinth*.

7th. No symptoms of retroversion, and no indications for the use of the catheter. As the enema prescribed yesterday had not operated as was designed, a copious injection (a quart) of linseed tea was directed, which operated very favourably. As the vaginal discharge is excessive and somewhat offensive to-day, injections of infusion of chamomile and sulph. alumen were prescribed with the most satisfactory effect. Also the patient was directed if there should be any symptoms of a recurrence of the retroversion, any sense of weight and bearing down, or dragging pains in the groins, to recur immediately to the position already employed. She had no recurrence of such symptoms, but a good recovery. She maintained a recumbent position longer than usual after confinement; and before she began to sit up had an abdominal supporter provided, of domestic manufacture, which she wore a very few weeks.

CASE II.—The following case led to the contrivance of the instrument which I offer to the inspection of the College this evening.

Mrs. —, aged 37, has had four children, the youngest of whom is aged about 11 years. She has subsequently had repeated abortions, but in each case originating in causes independent of any defect in her health or constitution. For several years past, her menstrual periods have recurred regularly

every three weeks, and they usually continue seven or eight days, so that she is menstruous one-third of the time; yet not one woman in five hundred has been favoured with such uninterrupted good health, and such constitutional vigour. About the end of last August, in attempting to lift a heavy body, while in a stooping position, she sustained some injury, as she said, "felt something give way" in her left side, or iliac region. She continued to have an unusual sensation in that side, but it was not one that gave much distress or inconvenience, or of which she could give a distinct account. Some time after she began to have a vaginal discharge, and on the 10th of November, I was requested to prescribe for it. She expressed her apprehension that there was ulceration of the os uteri; ocular inspection did not detect any; but there was very evident congestion of the parts. I directed a constitutional and local treatment, which had so favourable an effect, that I visited her but a few times.

On the 16th of December, in the midst of one of her menstrual periods, she was extremely imprudent in exposing herself to the effect of dampness and cold. In the evening, she became ill and passed a very distressful night. In the morning I received an early and urgent message to visit her, and found her in great distress. She had great pain and tenderness in the hypogastric region, the pain extending down into the pelvis, into the back and the groins. The whole uterus was much enlarged,—the os and cervix uteri were enlarged, smooth, hard, with a marked increase in temperature, and extremely intolerant of pressure on any part that I could reach. One circumstance in the case seemed to me very remarkable,—that with so much local distress and disorder, there should be so little constitutional disturbance. The treatment consisted of leeching repeatedly, internally and externally,—a very free use of magnes. sulph. and antimou. tart., in divided doses—fomentations—anodyne injections per anum et vaginam—anodynes internally, when the symptoms required them—restricted diet, and recumbent posture. Under this treatment, the urgent distress was soon relieved; the tenderness in the hypogastric region gradually subsided, as did also the tension, tenderness, and heat of the os uteri, and there was a sensation of softness and laxity in the parts compared with their former engorged state. But still the uterus was evidently much enlarged, and there was still a very tender spot on the left side of the cervix, extending as high up as I could reach. She continued to improve, and became so well that she was about her chamber and went down stairs. She had fecal discharges every day, but they were not sufficiently evacuant, and she was obliged, occasionally, to use laxatives. In the evening of January 13th, she took a cathartic pill. At 4 o'clock next morning she was obliged, as the effect of the pill, to get up to the chair; and while on the chair she was suddenly seized with great distress, and very peculiar sensations—pain in the groins and top of the thighs—frequent inclination to urinate, which was done with great pain and difficulty;—still greater difficulty in defecation, with a distressing pressure on the rectum. Upon examination, at an early hour in the morning, I found the pelvis almost filled up by some body, which was interposed in the cul-de-sac between the vagina and rectum, and which rested on the perineum. The os uteri was high up behind the symphysis pubis, nearly on a level with its crest, and so pressed against the boue, that it was reached not without some effort. The diagnosis was very clear that it was a complete retroversion of the enlarged uterus, which was at least four inches in length. Dr. Meigs thought it could not be much less than five inches. The immediate cause was probably an accumulation in the sigmoid flexure of the colon, which accumulation had been caused

by the enlargement of the uterus. I introduced a catheter, without delay, to ascertain if there was an accumulation of urine, but found very little. The operation was afterwards repeated as often as was necessary to be assured that there was no accumulation in the bladder. The bladder had been carried backwards with the uterus into the pelvis; for when a gum elastic catheter was carried in about six inches, the patient said she felt the instrument passing down into the pelvis.

After the introduction of the catheter, I attempted to return the uterus by placing the patient in various positions, and by applying pressure to the fundus, both *per anum* et *per vaginam*. But my varied trials accomplished nothing; the uterus seemed to be as immovable as if there had been adhesions, and it was still so tender, that pressure upon it gave the patient a good deal of uneasiness. In the afternoon of the same day (Jan. 17) I requested my friend, Dr. C. D. Meigs, greatly experienced in this class of diseases, to visit the patient, in consultation, which he did promptly; and he repeated, with a strenuous determination to conquer success, the trials which I had made, and with the same result. At subsequent visits he made repeated attempts to bring down the os uteri so low that he could introduce Professor Simpson's Sound; but he made hardly any approach towards success. He then gave the sound (made of annealed silver) a short curvature, somewhat resembling a blunt hook, with the view of using it as a hook to draw down the os uteri; but with no better success. Dr. Meigs visited the patient with me once or twice a day on the three succeeding days, and we both renewed our efforts to replace the uterus, but without any appreciable success; for the fundus still rested on the perineum. But although the uterus remained unmoved, some important changes had taken place in the condition of the patient. She could urinate without much distress, although very slowly. The pressure upon the rectum was much less distressing, and there was less difficulty in defection. On the day the retroversion occurred, I prescribed castor oil and laxative enemata in ordinary doses. They operated a little, with very frequent efforts, attended with much distress in the sigmoid flexure and descending colon; but they did not produce free evacuations. The next morning I directed an enema of one quart of linseed tea. This had a very favourable effect. It seemed to act as a solvent to the contents of the sigmoid flexure, and procured a very copious evacuation, with comparative ease, and to the great relief of the patient. A similar enema was given with the most satisfactory effect once or twice a-day, so long as any aid was necessary to keep the bowels free, and to prevent accumulations in them.

Having used for four days without any appreciable effect, all the means in our power to replace the uterus; as the very urgent symptoms in the bladder and rectum had abated; as menstruation had supervened, and the engorgement was slowly subsiding, it was deemed advisable to suspend for the present the efforts at replacement, and Dr. M. discontinued his visits, until some change in the patient's condition should require his return. It was agreed, at the suggestion of Dr. Meigs, to introduce into the vagina a small gum elastic bag stuffed with curled hair. It was supposed that its continued gentle pressure, aided by the patient's frequently resting on her knees and elbows, and the catamenial discharge, would favour the subsidence of the engorgement, and aid any efforts of nature to restore the uterus to its normal position.

The uterus was so large and laid so low that at first only a very small gum bag could be introduced, but on each succeeding day it was found that the size of it could be very considerably increased. At the end of four days the uterus was evidently diminished, and the fundus, instead of resting on the

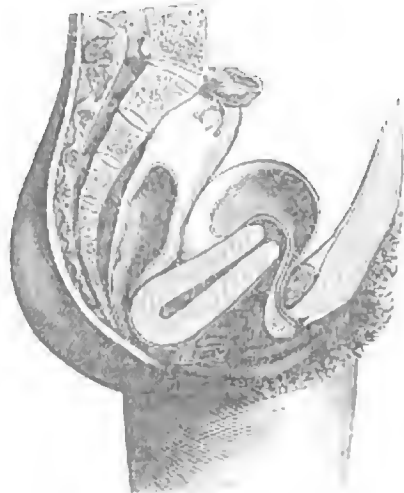
perineum, was crowded back into the hollow of the sacrum, and the os uteri was shoved up very high.

In one of our consultations I stated to Dr. Meigs my belief that I could contrive an instrument which would be more efficient in such a case than any of the means we had employed, or that were known to me, and explained to him the principles of it. Directions were immediately given to Messrs. Rorer and Son to construct one. The instrument was finished Jan. 25th, (five days after Dr. M. discontinued his visits,) and on the first trial of it, with great ease to the patient and to myself, I entirely replaced the uterus. The patient was so satisfied with my success, that she immediately said, "I beg you, doctor, never to use your finger again in such a case."

It is proper to observe that during the use of the gum bags I made a few attempts to replace the uterus. In an attempt just before the instrument was obtained the uterus seemed no more movable by the finger than if an adhesion had taken place between it and the surrounding parts.

After the replacement of the uterus she had not the least uneasiness or uncomfortable feeling, unless she got into an upright position or on her feet, when she experienced a sensation of weakness and uneasiness in her back and hypogastric region. The neck of the uterus was still enlarged. She had also some vaginal discharge, which was removed by using a few times a weak solution of nit. argent. I directed a recumbent posture, a copious enema of linseed tea every day, so as to avoid any straining in defecation; and, should any uneasiness occur in the uterine region resembling that she had lately experienced, to place herself immediately on her knees and elbows. At the end of a week I directed her to try an abdominal supporter. She obtained one of Mrs. Betts, which, as the patient said, acted like a charm. She could immediately sit up or walk about without any inconvenience or disagreeable sensation, and, indeed, says she has been entirely well ever since its application.

The position and size of the uterus were so nearly the same in both of these cases, that the accompanying diagram furnishes a good illustration of the relative situation of the pelvic viscera* in each. The only difference seemed to be that, in the first case, the mouth and neck of the uterus were much softer and more yielding to the touch, and did not press so firmly against the pubis; and perhaps the body of it was a little thicker and broader. An examination of the engraving will show that the attempt to replace the uterus in such cases, by pressure with the finger in the vagina, will have very little effect. It will only shove the fundus back into the hollow of



* In order to show the position of the membranes of the viscera, the artist has not re.
No. XXXIV.—APRIL, 1849.

the sacrum. It will also show that, although the finger or thumb may be more efficient when introduced into the rectum, yet it lacks one important desideratum to ensure success, viz: sufficient length to lift the fundus above the promontory of the sacrum. It will also aid one in forming an estimate of the utility and safety of Professor Simpson's uterine sound, as a means of replacing the uterus in such cases. As I have had no experience in the use of this instrument, except to witness a trial of it in one case, perhaps it will be thought obtrusive in me to offer an opinion. Yet, after some study of its capabilities, it seems to me that in those cases of retroversion, where instrumental aid is most needed, it will be found useless; and that in those cases where it can be used, it may well be questioned whether the patient would not, in almost every case, be better without its use. Indeed, would it not be a dangerous weapon in the hands of those bold chivalric practitioners, who are determined never to be thwarted? As a mere sound, it is probable that a much lighter and more flexible instrument would be preferable.

It may be asked, do such cases often occur as that for which this instrument was contrived? As I have not made displacements of the uterus either a speciality or a hobby, and do not pretend to have enjoyed extraordinary opportunities for observation, my answer may be of little value and may pass for what it is worth. But I reply, that according to my observations and inquiries they occur very rarely. In a practice of above thirty years, I have not met with a case of retroversion in pregnancy; I have met with only one case in a puerperal patient, which is the first case contained in this paper; and with only one case unconnected with the pregnant or puerperal state, and that is the second case which I have read. Any person who will examine the various treatises on midwifery and the diseases of women, may be satisfied that the writers thereof have had extremely few or no cases of this disease in pregnant or puerperal patients. In some of them it is not noticed, and in those who do treat of it, their articles are made up of quotations, references, comments and suggestions, not of facts occurring under their own observation.* I venture to assert, with confidence, that no man of ordinary sagacity, who has had a case of retroversion in pregnancy, will afterwards recommend the following practice, which is to be found in most of the late authors, and which I quote from Dr. Dewees.

"The hand being well lubricated, should be passed into the vagina in a state of supination; the fingers retracted in such a manner as to form a straight line at their extremities; they must then be gently pressed against the base

presented the os uteri pressing against the pubis and the fundus against the rectum, as they did in both cases; and the uterus is represented of smaller dimensions than it was in either of them.

* It is but justice that I should qualify this remark by a reference to the recent publications of Dr. C. D. Meigs, viz: his "Obstetrics," his "Letters," and his Note to Colombat. In these will be found some interesting facts, and the statement that he has met with a *great number* of cases of retroversion.

as it were of the tumour, that is found in the vagina, so as to move it backwards and upwards along the hollow of the sacrum, until the mass shall reach above the promontory of this bone; when this far, the hand may be withdrawn and a pessary introduced of a proper size."

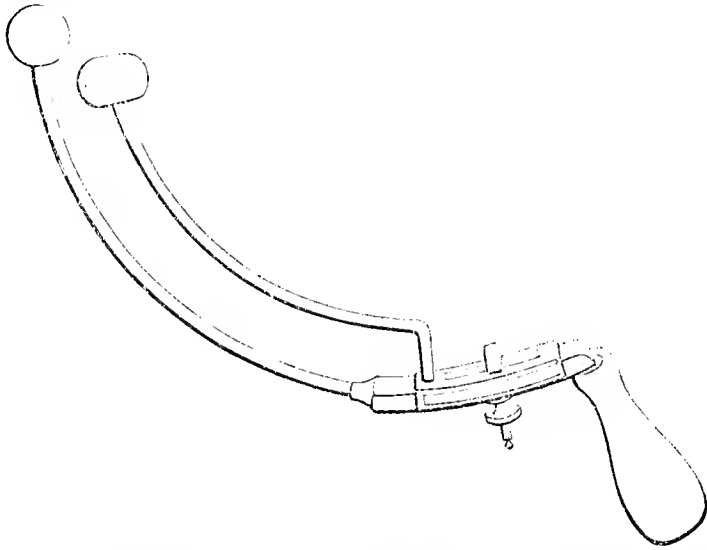
Here observe, that in a case where a tumour fills the cavity of the pelvis, where the tumour is so large as to rest on the perineum, to press against the pubis so as to obstruct the introduction of a catheter, and to press so hard against the sacrum as to prevent defecation; when the vagina is put upon the stretch longitudinally by the height to which it has been carried by the os uteri, in such a case, the whole hand is to be introduced into the vagina. And the hand is not only to be introduced through parts not dilated nor relaxed by the physiological effects of parturition, but, before proceeding to act on the tumour, the extremities of the fingers are to be brought into a straight line, a form which will require a large space for the hand. This straight line of the fingers must then be brought against the base of the tumour that is found *in the vagina*. Now, this tumour is not in the vagina, but behind it, and the base of the tumour rests on the perineum and os coccygis. If the hand could be passed into the vagina (which is impossible in such a case), it might press the tumour backwards, but would have very little or no effect in lifting it upwards. When the tumour is lifted above the promontory of the sacrum, the operation is to be finished by the introduction of a pessary of a *proper size*. What would be a *proper size*, after such an operation? Perhaps that of a quoit, or a small cocoa nut.

But, although such cases of retroversion as I have referred to in the preceding remarks, when the uterus is much enlarged, are rare, there are other displacements of it occurring much more frequently, in some of which it is probable this instrument may be found useful. I refer to those flexions and tiltings of the unenlarged (and otherwise healthy) uterus, to which some persons attach so much importance, attributing thereto numerous local and constitutional disorders, which are, as they think, to be removed by that panacea for uterine ailments, the *pessary*. Such are those cases where it is practicable to change the position of the uterus by the use of Prof. Simpson's sound. My opinion is, that most of these are cases of neuralgia, and that though they may be perhaps aggravated, they are not entirely caused by the position of the uterus, and are not to be remedied solely by replacement by mechanical means.

But, as very distressing symptoms are undoubtedly connected with, or dependent upon, the abnormal position of the uterus, it is desirable that it should be ascertained in the easiest and most certain way, whether replacement and retention in place are the proper and sole remedy. Replacement can seldom fail to be accomplished by the use of this instrument, without any probability of irritating the uterus, although it be in a pathological condition, which can scarcely be said of Prof. Simpson's sound. If the distressing symptoms have been caused by displacement, the immediate effect of replacement

will aid in determining whether it be an affection which can be cured by merely mechanical treatment, or whether the symptoms be owing to a morbid condition of the uterus and its appendages. This I regard as an important question in diagnosis, often not easily settled, which this instrument may aid in determining.

Description of the Instrument.—The instrument (see accompanying figure)



consists of two blades, the *anal* and the *vaginal*, and of a clamp-headed screw and nut to fasten them together. The anal blade has the larger curvature (a radius of about four and a half inches), has a square body three inches long, upon which the other blade slides and rests, and to it belongs the handle of the instrument. The vaginal blade has a smaller curvature (a radius of about three and a half inches), so as to make the blades parallel; has a large groove, about two inches long, exactly fitted to the square part of the other blade, so as to slide upon it, and to obtain a firm attachment by means of the screw. The groove has a fenestra through its upper side, one and a quarter inch long, wide enough to give passage to the head of the screw, when this is placed longitudinally. That part of the screw, which is within the fenestra, is square, so as to prevent its rotating when the nut is turned. The end of each blade is terminated by an ivory tip. That on the anal blade is spherical, and is about five-eighths or six-eighths of an inch in diameter. It should be as large as can be conveniently introduced. It would probably be better to have it oval, if it could be readily introduced. This difficulty may be overcome by means of a suitable speculum. The tip of the vaginal blade is oval, approaching to a cylinder with hemispherical ends, about one and a quarter inch long and five-eighths of an inch diameter. The tips are screwed on to the blades, so that they may be readily taken off and exchanged for others of a different size and shape, if desired. The distance between the tips and the junction of the blades is about six and a half inches.

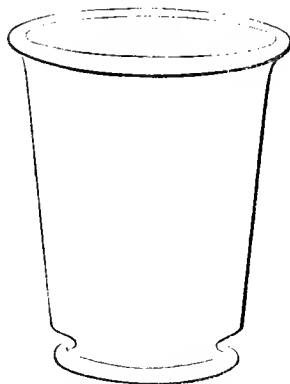
In using the instrument, detach the blades from each other; introduce the

anal blade into the rectum, then the vaginal blade into the vagina; then fasten the two together by means of the screw. Be particular to keep the blades parallel with the axis of the pelvis, and never thrust them forward with inconsiderate haste. The tip of the vaginal blade can be placed higher or lower, as circumstances may require. If the fundus uteri has sunk low between the rectum and vagina, it will be best to shove up the movable blade, so that the two tips shall be nearly on a level. In this position of the tips, it is intended that the space between them shall only be sufficient for the vagina and rectum, without pressing them—a space not exceeding three-eighths of an inch. If the fundus uteri does not lie low, or if the instrument has been carried up as high as the vagina will easily admit, loosen the screw, and, without allowing the vaginal blade to retreat, carry up the anal blade in such a manner as to throw the fundus forward into its natural position. Cases may occur where it would be desirable and convenient to use either of the blades separately. Should it be found desirable to place the tips at a greater or less distance from each other, than can be done by the slide, this can readily be accomplished by placing a small wedge under either end of the sliding groove.

ART. IX.—*Extraction of a glass goblet from the Rectum—Fracture of the Penis.* Cases reported by W. S. W. RUSCHENBERGER, M. D., U. S. Navy, Fleet Surgeon for the East India Squadron. (With a wood-cut.)

WHILE recently on a visit to Canton, I derived the history of the following cases from the notes and verbal explanations of the Rev. PETER PARKER, M. D., Chief of the "Ophthalmic Hospital," &c., under whose notice they fell. Both cases seem to me so unusual, that I avail myself of Dr. Parker's consent, and submit them for publication. The first case affords us a glance at the debauchery practiced by a portion of the Chinese population about Canton.

On the records of the hospital, the case numbers 23,930. *Glass goblet extracted from the Rectum.*—In the evening of the 1st March, 1848, a young man, very respectable in appearance, solicited Dr. Parker's aid for his father, whom he had brought to the hospital. With many expressions, indicative of his sense of shame and mortification, he related that Loo, his father, then sixty years of age, had spent the preceding night in one of the "flower boats," or floating brothels on the river, with a prostitute. Under the insane excitement or intoxication produced by the combined influence of drinking spirituous liquors, and smoking opium, the lecherous snifferer, in mischievous frolic, forced a glass goblet, of the form and size indicated in the accompanying diagram, into the vagina of the companion of his sports. In the course of the night, Loo fell into



Diameter of brim, $2\frac{1}{2}$ inches.
Height, $3\frac{1}{2}$ inches.
Diameter of base, $1\frac{1}{2}$ inches.